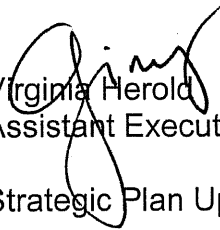


## Memorandum

To: Board Members

Date: April 13, 2006

From:  Virginia Herold  
Assistant Executive Officer

Subject: Strategic Plan Update

On April 27, during our April 2006 Board Meeting, the board will update its strategic plan. The session will begin at 8 a.m. Enclosed are meeting materials for this session.

Lindle Hatton, PhD, has been hired to lead the board in this process. The Organizational Development Committee has primary responsibility for the planning and preparation leading to the update of the board's plan.

### Preparation for the Meeting:

Enclosed are the materials Dr. Hatton has compiled for your review. Please bring these materials to the board meeting. Enclosed are:

- An agenda for the Strategic Planning Session
- Meeting Objectives
- Survey Data Collected from Staff and Stakeholders since March 1

Please be aware that comments listed are not necessarily a consensus of board staff – they may only reflect one person's opinion.

One additional assignment – please review the strategic issues (provided on yellow paper). The strategic issues in the board's plan need to be reviewed and updated by the board. This is important as the strategic issues drive many of our activities.

Lastly, a copy of the board's current strategic plan is attached for your reference.

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Here is what has been occurring on the revision of the strategic plan.

March 1 – A stakeholder survey was mailed to all staff, all individuals on the board's mailing lists, everyone on the board's Internet subscriber list, and the individuals who are on the Work Group on Pedigree Implementation mailing list. This was at least 2,600 individuals and groups. The surveys sought comments on the board's goals, strategic issues and a Strength, Weaknesses, Opportunities and Strengths (or SWOT) assessment. Few comments were submitted but those that were submitted were analyzed by Dr. Lindle and provided for staff review at the all staff meeting. Comments were submitted through the end of March.

March 15 -- Staff meeting with all staff. All staff commented on the current goals and objectives, vision and mission of the board -- are they accurate or do they need modification? They were asked to review the comments received from the SWOT analysis.

March 20 – Board Competency Committee asked to perform a SWOT analysis

April 6 – Organizational Development Committee reviews work so far and makes plans for the strategic planning session of the board meeting.

April 27 -- the second day of the board meeting -- four hours will be spent discussing, modifying and approving the new strategic plan. Our consultant, Dr. Hatton, will lead the board in this session.

**California Board of Pharmacy**  
**April 27, 2006**  
**Board Meeting Agenda**

- |       |   |
|-------|---|
| 8:00  | Introductions   |
| 8:15  | Strategic Plan Overview   |
| 8:30  | Debrief Staff Meeting - March 15 <sup>th</sup> <ul style="list-style-type: none"><li>• Vision</li><li>• Mission</li></ul>             |
| 9:00  | Review Survey Data <ul style="list-style-type: none"><li>• Strategic Issues</li><li>• SWOT by Themes/Prioritized</li></ul>            |
| 9:30  | BREAK   |
| 9:45  | Review Survey Data <ul style="list-style-type: none"><li>• Goal Alignment Matrix</li><li>• Gap Analysis</li></ul>                     |
| 10:00 | Validate Goals  |
| 11:00 | Themes for Strategic Objectives   |
| 11:45 | Writing Objectives – Assignments <ul style="list-style-type: none"><li>• Conventional Approach</li><li>• Committee Approach</li></ul> |
| 12:00 | LUNCH   |

**California Board of Pharmacy  
Board Meeting  
Strategic Planning Segment  
April 27, 2006**

**Meeting Objectives:**

1. Review Survey Data
2. Align Data to Goals
3. Goal Validation
4. Validate Themes for Strategic Objectives
5. Writing Assignments

**CALIFORNIA STATE  
BOARD OF PHARMACY  
SURVEY DATA  
April 13, 2006**

|   |                |
|---|----------------|
| <b>SECTION 1: VISION and MISSION</b>              |                |
| Rewrites. . . . .                                 | <b>Page 2</b>  |
| <b>SECTION 2: COMMENTS ON STRATEGIC ISSUES. .</b> | <b>Page 3</b>  |
| <b>SECTION 3: Strengths, Weaknesses,</b>          |                |
| <b>Opportunities, Threats</b>                     |                |
| <b>Edited by Themes,</b>                          |                |
| <b>Prioritized by Staff, with</b>                 |                |
| <b>Defining Statement. . . . .</b>                | <b>Page 7</b>  |
| <b>SECTION 4: GOALS,</b>                          |                |
| <b>Rewrites, Comments,</b>                        |                |
| <b>and Suggestions for New Goals. . . . .</b>     | <b>Page 17</b> |
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## **SECTION 1: VISION and MISSION Rewrites**

### **VISION:**

**Healthy Californians through quality pharmacist's care.**

#### **Rewrite:**

**Quality professional pharmaceutical care for Californians with health care needs.**

### **MISSION:**

**The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacist's care through education, communication, licensing, legislation, regulation, and enforcement.**

#### **Rewrites:**

**The Board of Pharmacy serves to protect and promote the health and safety of Californians by pursuing the highest quality of pharmacist's care through education, communication, licensing, legislation, regulation, and enforcement.**

**The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of *pharmaceutical* care through education, communication, licensing, legislation, regulation, and enforcement.**

## **SECTION 2: COMMENTS ON STRATEGIC ISSUES**

### **1. Cost of medical/pharmaceutical care.**

- Board should be involved in helping to ensure reimbursements are provided for in Federal and State statutes. Without reimbursement provisions, patient care is compromised. Standards for MTMS will need to have some pharmacy board oversight and recognition, i.e. is it any willing provider or appropriately trained or certified provider. These issues tie into the overall national patient safety goals and medication reconciliation.
- Cost of Rx care is definitely a top issue in pharmacy, as a regulatory board many will consider this issue out of scope for this agency.

### **2. Aging population**

- The aging population is known to take a minimum of two and up to 7 medications. These are the patients at highest risk for medication errors, and the complexity of their care dictates that pharmacists must be involved in maximizing optimal outcomes and patient safety. The challenge is that all this can be done outside of California and the board may then lose jurisdiction. Therefore, we support legislation that would require a face-to-face involvement and appropriate documentation.

### **3. Pharmacists' ability to provide care**

- More than half of all medication errors happen at admission and discharge. Therefore, the expansion of a pharmacist's ability to provide care at transition points when medication safety issues are highest is optimized by a pharmacist's intervention. This would include pharmacist's ability to write orders during admission and discharge.
- California Board should review how the regulations and enforcement are applied across all practices of pharmacy to ensure that there exists one standard of care. To elaborate, often you can find in a state that the standard of care may be different for an in-state hospital pharmacy, in-state community pharmacy, and an out-of-state mail order pharmacy. For example, an out-of-state mail order may receive a prescription order and process that order via computer systems in New Jersey, the information is transmitted to Nevada where the order is filled. Would the state of California allow these prescriptions to come into the state, but not allow a community pharmacy the ability to have its prescriptions processed in another state or processed locally and have the actual dispensing in another state. Do we allow different standards in our hospitals than in community pharmacies with regard to technicians practicing? These examples are not to say California does or does not allow this. Rather it is to help the Board in their thinking to look across all practices of pharmacy and apply one standard of care for the patient.

#### **4. Changing demographics of California patients**

- More patients are now covered under Medicare Part D for a multitude of reasons. Where care (e.g. SNF's) is being provided is more complex, so in order to be able to manage medication therapy, the practice setting needs to be more flexible so that pharmacists are able to address medications for patients in these settings. This may mean a movement toward more independent practice.

#### **5. Laws governing pharmacists**

- Focus on cognitive/clinical
- Some attention needs to be paid to updating pharmacy regulation and updating Title 22 to current practice standards. This would require the board to play a stronger role in ensuring that the administration requires the Department of Health Services to address Title 22 regulations that do not conform to updated BOP regulations and laws.
- Liability and lawsuits involving pharmacists as plaintiffs? Reducing errors?
- No education of licensees of laws

#### **6. Legislative issues for pharmacies**

- As Health-Systems evolve there will be a blurring of settings between Health systems and retail pharmacies. Therefore, the Board will need to shift their thinking to the impact of MTMS, the location at which it will be performed and the competency of those providing those services.
- Pedigree requirements of wholesalers: need to consider what federal legislation is being enacted/considered to ensure consistency.

#### **7. Electronic prescribing/automation**

- Current, but not a long-term issue
- Current practice in the Health System setting has accommodated automation and electronic distribution systems. Those should only be allowed if there are extensive clinical pharmacy programs that offer optimal drug therapy outcomes, safe medication use practices and cost efficient management.

#### **8. Internet issues**

- If they can meet the test of patient/provider relationship then Internet practice becomes a natural adjunct to patient care. This needs to be consistent with current state and federal safety laws.
- CA State Board of Pharmacy should revise their website to include email addresses.

#### **9. Disaster planning and response**

- The board needs to ensure that they maintain a balance between access and safety during periods of recovery and provide adequate public education. Disaster planning that takes place at the state level that



involve medication management must involve either a pharmacist or state board oversight at the table and all planning levels.

- For Disaster planning, the State should look at lessons learned last year in the Gulf Coast.

#### 10. Qualified staff

- Does this mean "qualified office staff"
- Qualified, trained inspectors! – You can't enforce the laws to protect the public if 1) the inspectors don't do their job because of lack of training? And 2) there aren't enough inspectors to enforce the laws.
- The board must continue to ensure rigid, occupationally valid, psychometrically sound testing guidelines to ensure that the exam instrument reflects the proper evolution of the standards of practice.
- We are seriously understaffed with inspectors. How can we protect the public with only 18-20 inspectors for the whole state? And do site inspections? And do case investigations? And attend dumb meetings that waste our time? And be paid \$40-50,000 per year less than a public pharmacist? And be "micromanaged" by a supervisor to the point of being ridiculous? And be sent out without good training? These are serious issues with the inspectors, and the Board is severely impacted as well. You can consider other factors, but the Board's public "face" and investigative force are the "frontline" to protect the public – and they are being overworked and under appreciated and are leaving because of it.
- Another issue I see as problematic and it may be needed to be addressed elsewhere but this is a good way to submit the issue. The issue is the use of sick time or calling in sick. Some people call in sick at the drop of a hat. They can't be relied upon and the fact that they aren't there to do their work impacts others. Others will not call in sick because of workload and therefore spread their germs and get others sick. I think management needs to address this issue in a serious manner at a staff meeting – review the need and proper use of sick time.
- Does "Qualified staff" include the number of registered staffing pharmacists compared to the number of universal prescription volume and required staffing?

## **ADDITIONAL COMMENTS:**

- Some discussion should be given to medicines being delivered through the mail. Does each manufacturer have stability data to support excursions from label claim concerning storage conditions?
- Maintenance of the quality of drugs (i.e. prevention of counterfeit, diversion, proper storage, etc.)
- If qualified staff is included as an issue, we should also look into educating the licensing population on appropriate processing times as well as appropriate and professional manner in which Board questions are asked. I deal with a lot of applicants and licensees via telephone and email. I am so surprised at the negative and derogatory attitudes and tones applicants and licensees use in talking to Board staff and myself. They yell at the receptionists and disregard processing times. They don't supply the Board with all the information when complaining they call to check on status of applications sent a week ago. We have numerous phone calls and emails that we have to sift through to find the status calls that are past the processing times and should be reviewed.
- NABP is planning to put together a guide. A committee should be set up to study the key learnings and take appropriate action.

## **SECTION 3: Strengths, Weaknesses, Opportunities, Threats Edited by Themes, Prioritized by Staff, with Defining Statement**

### **STRENGTHS**

#### **Staff (1<sup>st</sup> Priority)**

**Staff is loyal, dedicated and knowledgeable. Pharmacist inspectors provide necessary, specialized knowledge.**

- Dedicated, loyal staff
- First and foremost it is the dedicated and caring staff that makes the board what it is.
- The staff works best when management allows staff anonymity.
- Management encourages staff to work as a team and each staff member shares his or her special skills with coworkers.
- The Board has history of promoting from within. This tradition builds the staff knowledge base and encourages staff loyalty.
- Knowledgeable staff
- The knowledge of those within the board
- Executive staff that work really hard and set the highest standards in pharmacy regulation
- Staff that always does more than is humanly possible
- Dedicated employees who believe in trying to protect the public
- Board staff - if needed - can communicate well within itself
- Pharmacist inspectors
- Routine pharmacy inspections
- Inspectors that are pharmacists
- Inspectors' professionalism and expertise and ability to interact with the Attorney Generals and other agencies for successful outcomes of investigations.

#### **Pharmacy Laws (2<sup>nd</sup> Priority)**

**Pharmacy laws are kept current and pertinent to the changing delivery of pharmacy services.**

- The requirement of all pharmacists having a Pharm D
- The new laws pertaining to pharmacists from other countries taking the CA exam
- Careful test item review process by a large group of individuals

### **Leadership (3<sup>rd</sup> Priority)**

**The Board and management are proactive in recognizing trends and addressing new issues.**

- Proactive in addressing new issues
- The Board is open and promotes involvement from a full spectrum of professionals.
- Proactive efforts like the self-assessment
- The board's willingness to question its own actions to make sure that they are appropriate
- The Board exhibits good judgment in handling complaints and issues.
- Completion of any major goals or group efforts set at different times and with specific time limits
- Knowledge of business trends' and pharmacy practices that are changing
- Ability to identify and follow through on issues that need to be changed via regulation and/or statutory change
- Able to entertain new trends
- Strong university representation
- Upper management all think the same and board members get along with executives
- Investigating allegations of violations of pharmacy laws

### **Public Outreach (4<sup>th</sup> Priority)**

**The Board is effective in communicating with the public, both consumers and licensees, and providing information.**

- Effective communication vehicle – newsletter
- The Board should continue its expanded education to the public through publications and its website.
- Willing to set up task force to obtain more information from the industry and community
- We really care and believe in helping the public – just as our licensees are supposed to do

### **Diversity/Independence**

- Board consists of stakeholders from many disciplines
- Independence from politics
- Has maintained its "independent" status and separate from other agencies
- The Board should continue in expanding diversity on the Board.
- Background diversity of the Board members

## **Pharmacy Practice**

- Creating a good pharmacy atmosphere in store
- Be friendly
- Good consultation
- Be useful with your good education

## **Misc.**

- Technology used to assist the Board employees
- Large budget
- Funded by license fees

## **WEAKNESSES**

### **Budget Constraints (1<sup>st</sup> Priority)**

**The Board has limited resources to fulfill its mission.**

- No control over budget; financial constraints with how government operates
- At times control agencies
- Release of reserves to properly fund programs and services.
- Outdated defective and unsafe equipment (vehicles)
- Lack of resources i.e. internet/drug information

### **Insufficient Staff (2<sup>nd</sup> Priority)**

**The Board has insufficient staff to complete mandated workload.**

- Low staffing levels
- Lack of staff
- Over worked, stressed staff, which leads to low morale
- No full time computer programmer to create the tools required for automating and streamlining Board programs.
- Lack of support to financially compensate good staff and to retain good staff
- Lack of staff duties are being eliminated due to short staffing and the ever-increasing volume of work
- Inability to write great BCP's to add staff. Jobs are catered around what staff does well not necessarily what needs to be completed.
- Vacant positions are not filled timely. And when they are, many times it is just "move the duties around instead". There are never any updates about filling vacancies for those of us doing portions of two and three desks.
- Inability to keep the receptionist position filled. When the position is not filled Board staff (AGPA's -OT's) have to take time away from their workload to answer
- Limited staff

- The board seems very unavailable - never a live person to answer questions
- Lack of knowledge in how the pharmaceutical industry operates
- Board often works hard but not smart

### **Insufficient Equipment and Outdated Technology (3<sup>rd</sup> Priority)** **Insufficient equipment and outdated technology hinders the board's effectiveness (such as computers, telephone system, inspectors' lack of internet access)**

- The new phone system. It is not reliable, the phone tree is impossible and the public is very frustrated with not being able to reach people and get questions answered. They will push any button, just to get to a human being.
- Technology or lack of
- The administrative piece is often slow and cumbersome. The Board should consider the means necessary to remedy (legislative funding for upgrade in computer/staffing/etc.)
- Lack of equipment that is state of the art

### **Staff/Management Communications (4<sup>th</sup> Priority)** **There is not enough communication between management and staff.**

- Too much micro management
- Extreme, time-consuming, and futile micro management
- Management does not ask for staff input on things/tasks that effect staff
- Too much time spent on unimportant tasks
- Not enough communication between management and staff. Too many times the person that needs to know the most is the last to hear about changes being made
- Management that on a daily basis completes staff tasks instead of managing their respective staffs and work volume. Managers can either do or manage ours all "Do".
- Lack of daily, weekly, monthly communication between management and their teams. There is no routine way to for them manage changing workloads and industry trends or obtain feedback about the flow or what new projects are coming up. Management does not demonstrate a desire to know what is going on or let us know the changes that are on the way.
- Animosity of management and distrust toward employees even though assignments are completed
- Executive officer has been working here for a long time and she knows everyone and may not be fair

## **Inspectors and Inspections**

- Lack of pharmacist inspectors
- Lack of qualified inspectors with proper training
- “Peek-a-boo” inspections – inspections that are quick, show little or no corrections, and lack thoroughness due to lack of training!
- 18 inspectors are not enough to cover the entire state and protect the public

## **Legislative Issues**

- Taking a “one size” fits all approach
- Long process to get a law changed
- Politics and special interest e.g. organized labor protection.
- Difficulty in interpreting the language in the CA pharmacy law book
- Lack of ability of the Board to answer individuals questions regarding the gray area of pharmacy law
- No license reciprocity with other US states yet?

## **Board/Industry Relationships**

- An attitude of the public will have wait, or they do not deserve an answer. If we communicated better they would not need to ask. Redo the apps to be user friendly.
- Lack of comment, input, and involvement of pharmacy technicians at and on the State Board level
- Board staff doesn't always communicate necessary changes (i.e. regulation changes, application procedural changes, etc)
- Reactionary vs. proactive
- Lack of unity between chain, independent, health system, acute care, oncology, nuclear and acute care setting pharmacy
- Too many splinter associations within the state
- Independent pharmacy focus is too narrow
- Limited retail representation (likely secondary to non-market reimbursement)
- University representatives occasionally force leaning to ideal situations at the risk of ignoring the real life situations

## **Pharmacy Practice**

- Clean store
- Consultation (English, Spanish)
- Follow Board's rules and regulations
- Senior citizens really need help (most seniors get little help from family)
- Notice to consumers in various languages, especially in Spanish – not full size poster as in English

- Public and licensee access to laws and regulations – data is not easily found

## **Exam**

- Need some individuals with expertise in each of the exam areas e.g. quality assurance

## **OPPORTUNITIES**

### **Website Functionality (1<sup>st</sup> Priority)**

**The Board needs to design an interactive web site that provides more information to a larger scope of consumers and licensees, complete with better explanations of forms and answers to commonly asked questions.**

- Better and more effective information relay methods to the public including more friendly website,
- Applications, newsletter, etc.

### **Education (2<sup>nd</sup> Priority)**

**Provide more effective information to educate consumers, licensees and applicants.**

- Communication
- Licensee support via telephone. Everyday we receive many calls requesting assistance with pharmacy procedural questions and requests for explanations of law language.
- Better and more effective information relay methods to the public including more frequent newsletters and some responsibility (like 7-8 years ago) in trying to address the public's questions, rather than what we now tell consumers/professionals to read web/law or talk to their counselors.
- More outreach with consumers – resume community based programs
- Continue to recognize alternate practice site and accommodate for their special needs; i.e. C-II dispensing to long-term care residents.
- More interaction with schools of pharmacy regarding law and ethics
- More visibility of pharmacist role and BOP role in protecting public health and safety



### **Technology (3<sup>rd</sup> Priority)**

**Promote technological advances that minimize burden to consumers, licensees and the Board, while enhancing pharmaceutical care.**

- Electronic prescribing
- Automation
- Electronic pedigrees
- Drug tracing, with new technology
- No more paper, everything electronically transmitted
- More technological advances to free up RPH's time - paxis, robots, etc.

### **Regulations (4<sup>th</sup> Priority)**

**Promulgate timely and effective regulations.**

- New medications and possible drug interactions need stiffer laws regulating DURs.
- The consumer is only protected to the degree that the personnel serving it is educated
- Expand regulatory jurisdiction to 3<sup>rd</sup> class of drugs.
- Provide regulatory oversight on quality, competency, record keeping etc. as it relates to MTM.
- Potential importation of ethical pharmaceuticals. How do we ensure that imports meet FDA standards?

### **Pharmacist and Technician Roles**

- Pharmacist collaborative practice expanded in ambulatory care
- To set a higher standard for technicians throughout the state – allow a technician to have a position and vote on the State Board
- More RPH working in on pharmacy settings
- Pharmacist to bill for professional services
- Liability of pharmacist, hired by PBM and insurance companies to case manage patients
- Become preeminent, in the nation, to open the dialogue among NABP, ACPE, ASHP, and PTCB to identify standard educational requirements for pharmacy technicians (the current status is requirements are all over the map and at the same place the pharmacy profession was for pharmacists in the early 1930's, with lack of standards for pharmacists education, and no recognition of the profession as professionals)
- Board should be prepared to meet stricter punishment and screening for technicians. They are important but go unpunished most of the time

## **Insurance/Costs/Medicare**

- Patient need to lower out-of-pocket costs while determining value among competing options
- I served in WWII and we can do a lot if desired - Medicare-D a test for us
- Insurance providers being more involved in patient care and pharmacy decisions

## **Internet Pharmacy**

- Laws to regulate Internet pharmacies and out of state pharmacies. Create new regulations regarding all prescription medication coming into California.
- Internet use and increased drug interaction
- Increase in Internet pharmacy

## **Staff requirements**

- Hiring people that speak other languages and compensate those people who do
- Allow inspectors time for personal growth and development i.e. Spanish classes

## **THREATS**

### **Special Interests (1<sup>st</sup> Priority)**

**Special Interests impact the ability of the board to provide optimal consumer protection.**

- Political power of manufacturers and insurance companies
- Political favors and personal agendas of board members
- Most troublesome impediment seems to be special requests tended to by Board members – Board members seem to be involved for special favors they plan to do for the groups they are involved in (a specific chain, a specific group of associations, etc.). And they allow themselves to meddle change investigations.
- The bureaucratic structure
- Medicare Part D
- Regulations that do not cover all advances in technology and new advances in pharmacies as fast as they happen. Poses more requests for pilot programs and exemptions.
- Closely monitoring new technology implementation within the pharmacy setting and establishing laws that will protect the consumer
- Politics concerning Board standards setting, independence and practitioner representation in the decision/policy/practice process.
- Lack of practitioner's participation in meetings and pharmacy legislature
- Control agency restrictions

## **Alternative Drug Sources (2<sup>nd</sup> Priority)**

**Alternative drug sources over which the Board has no authority impact consumer safety.**

- Internet pharmacies
- Internet pharmacy regulation and foreign drug importation
- Automated filling machines
- Growing number of pharmacies and kinds of pharmacy specialties, i.e. compounding pharmacies, closed-door pharmacies, etc.
- Counterfeit drugs
- Drug diversion of expensive drugs for profit
- Reimportation (see Nevada)
- Drug diversion, counterfeit and altered drugs – being 1-2 steps ahead of the people who commit these crimes
- Establishing laws to protect the consumer, from drugs purchased in other countries and over the Internet, that are safe and effective

## **Timely Prosecution (3<sup>rd</sup> Priority)**

**The Board does not have the authority or ability to prosecute cases in a timely manner.**

- Ineffective methods of compiling information from complainants - especially anonymous complaints
- Extreme lag time between cases completed and tended to at the AG office
- Citations and fines not high enough to discourage law breaking by non-licensees.
- We are not set up to go after non-licensees (owners who are non-licensees and those who close shop before we fine them)
- Rush to close cases

## **Public Education**

- Creating publications and a web site that is catered to us. Not user friendly. Use of terms that they do not understand, but we do. We do not anticipate their questions.
- Let pharmacist know you will be providing help and follow the rules
- Board composition that does not adequately represent the practice settings delivering patient care.

## **Staffing Issues**

- Low staffing levels
- Low pay for inspector staff limits the board's ability to retain and develop experienced RPH inspector staff
- Micro management of inspectors by a supervisor
- Lack of staff and too few inspectors. The number of sites is multiplying every year across the state and countrywide and we have eliminated

public safety functions because we do not have staff to handle the volume, instead of presenting a compelling case for more staff to protect the public. Does someone else have to die because were too busy to help and protect.

- There is a tendency to only do what we can; usually it is less than in the past, because of more applicants, more licensees, and more sites and less staff
- The State Board, itself, has seen a decrease in staff and an increase in the number of licensees (pharmacists, pharmacies, technicians, etc) and many times does not have the manpower to answer consumer and licensee questions

### **Emergency Preparedness**

- Board location disaster – flooding in Natomas
- Possible terrorism in drug supply
- The ever-increasing threat of terrorism within the state

### **Pharmacist Issues**

- Lack of integration of pharmacists with other health care professionals in ambulatory practice
- Silo business models
- Approval of pharmacist
- Increased health services provided by pharmacists
- Most of these are addressed in the Strategic Issues, numbers 1-10, however, the pharmacist shortage, in CA and nationwide will continue to be more of an issue with retiring baby-boomer pharmacists and the increase in this segment of the population, in general, retiring and putting more of a strain on the healthcare system
- Lower of standards or qualifications for medication management by less qualified health practitioners under the supervision of another licensee, e.g. technicians, LVS, RN, CAN, can etc.

### **Misc.**

- Budget
- Limited resources
- Increasing drug use by our licensees (tech, RPH)
- Following the rules set by the State Board
- Possible legal challenge to the test format (clinical versus legal questions)
- Licensing everyone who applies
- Growing pharmacies everywhere

## **SECTION 4: GOALS**

### **Rewrites, Comments and Suggestions for New Goals**

#### **Goal One: Exercise oversight on all pharmacy activities.**

##### **Rewrites:**

**Enforce pharmacy laws to protect public health and safety.**

**Promote compliance in all pharmacy activities through education and enforcement.**

**Exercise oversight on all pharmaceutical activities.**

**Exercise oversight on all jurisdictional activities.**

##### **Comments:**

- Must expand beyond dispensing.
- Suggest re-word this goal
- This goal sound like the Board wants to restrict the practice of pharmacy
- This is a great goal but we will never reach it without more staff to do the work. The number of pharmacies in California is growing much faster than our current staff should have to handle.
- Does "pharmacy activities" encompass wholesaling and clinic dispensing
- Good if we had enough trained pharmacist inspectors to do it!
- Keep up with all the new technologies.
- This includes activities of technicians, too – consideration of including technicians, in with pharmacist and students, for tracking and rehabilitation for chemical dependency – impaired pharmacist (increase the technician license fee to cover the cost of this inclusion)
- This goal should be strengthened to an active role. Oversight is passive.

#### **Goal Two: Ensure the professional qualifications of licensees.**

##### **Rewrites:**

**Ensure the professional qualifications of Board licensees and the integrity of the drug product.**

**Promulgate regulations that require pharmacists to treat all patients with kindness and dignity. (Professional standards)**

**Comments:**

- This is procedural and can be handled by clerks.
- Some pharmacists have difficulty in our language – I can feel this in obtaining copies from another pharmacy
- I would add “and the integrity of the drug product”
- Again we are cutting corners everyday, not doing background checks and not requiring finger print clearances before we license people. We need more staff not short cuts.
- Wholesale-designated representatives should be required to have ongoing training such as pharmacists who require 30 hours CEU with proof for renewal
- Be able to have some sort of a reevaluation system in place when blatant incompetence (but good standing license) exists
- The Board now refers to technicians as licensees and therefore should look closer at establishing standardized education requirements for all technicians
- Should address competency and the requirements to achieve that. This would include allowing pharmacists to practice to the full extent of their education and training.

**Goal Three: Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.**

**Rewrites:**

**Encourage the development of new legislation and promulgation of new regulations that promote the vision and mission of the Board of Pharmacy.**

**Ensure the integrity and quality of drug products stocked in California pharmacies (clinics, doctor’s offices. . .)**

**Advocate legislation and promulgate laws that promote safe drug dispensing from a safe drug supply.**

### **Comments:**

- We really do need more regulations for pharmacy technicians; a regulation requiring continuing education would be an excellent beginning.
- Must differentiate between technical vs. clinically focused regulations.
- Give us once or twice a year regarding Pharmacist-In-Charge has on their duties
- Ensure that existing technology exists when proposing legislation. Another aspect of legislation is to ensure that enacting legislation does not increase the cost of pharmaceuticals to the consumer.
- Again can't do this without the adequate staff.
- Very active in the past 5 years
- Should be for the public, not "special interests"
- Consider the need not to advocate inconsistent laws and laws which can cause problems for the practice of pharmacy (i.e. allowing Rx pad to NP's without the need of the supervising MD).
- Take a more active role by changing "advocate" to "promote".

### **Goal Four: Provide relevant information to consumers and licensees.**

#### **Rewrites:**

**Provide relevant and timely information to consumers and licensees.**

**Provide educational and relevant information to consumers and licensees.**

### **Comments:**

- This is a function for VSP and national organizations.
- Let consumers know you are there to help them, take proper time to fill and give consultations in their language and be sure they understand.
- This goal could be met by the reinstitution of inspector phone duty
- Offering the power point presentation to pharmacist groups has been a plus
- On our website, can't have inspectors provide information because there aren't enough of them!
- With the advent of technology the more information that can be sent out the better.
- This should expand to include educating the public about what a pharmacist can do.

## **Goal Five: Achieve the board's mission and goals.**

### **Rewrites:**

**Achieve the Board's vision through the enforcement of pharmacy law.**

**Develop indestructible and continuous lines of communication between management and staff.**

**Keeping in mind the Board's Vision, work toward achieving the Board's mission and goals.**

### **Comments:**

- Delete it; this is the purpose of the strategic plan in the first place.
- Should delete this goal. Sounds redundant, unclear, too broad
- Too vague: Needs to be more prescriptive.
- The Board is our guide and requests pharmacists follow and maintain our position in the professional field.
- We need additional staff; many of our programs are sitting on the shelf because we just don't have anyone to oversee them, and do the work.
- The Board's goals – at this time – one cannot say is being totally met. There are too many special favors, free passes, too much special favors, disappearance of investigative finding are taking place.
- The Board is getting a bad rap of "it all depends who you know". That is why Board members are prejudiced and need to be screened before election and re-election
- Relevant in so far as the Board's mission remains focused on consumer protection and all that entails

### **Suggestions for New Goals:**

- Protect and promote the health and safety of the consumer.
- Advocate integrating technicians, as professionals, into the profession through identification of standardized education throughout all pharmacy technician programs – based on ASHP
- Increase staff and bolster staff morale.
- Promote the growth and development of new technology and automation to build a better Board of Pharmacy and to ensure safer pharmacies for the consumers.



## SECTION 5: GOAL ALIGNMENT MATRICES

### Strategic Issues

|   | Goal 1:<br>Exercise oversight on all pharmacy activities | Goal 2:<br>Ensure the professional qualifications of licensees. | Goal 3:<br>Advocate legislation and promulgate regulations that advance the Vision and Mission of BOP. | Goal 4:<br>Provide relevant information to consumers and licensees. | Goal 5:<br>Achieve the Board's Mission and Goals. |
|---|--|---|--|---|---|
| <b>Strategic Issues</b>                 |  |   |  |   |   |
| 1. Cost of medical/pharm. care.         | X  |   | X  | X   | X   |
| 2. Aging population                     | X  | X   |  | X   | X   |
| 3. Pharmacists' ability to provide care | X  |   | X  |   | X   |
| 4. Changing demographics of CA patients | X  | X   |  | X   | X   |
| 5. Laws governing pharmacists           | X  | X   | X  | X   |   |
| 6. Legislative issues for pharmacies    | X  | X   | X  |   |   |
| 7. Electronic Prescribing/ Automation   | X  |   | X  | X   | X   |
| 8. Internet Issues                      | X  |   |  | X   | X   |
| 9. Disaster planning and Response       | X  | X   | X  | X   | X   |
| 10. Qualified staff                     | X  | X   |  |   | X   |

## SWOT Themes

|   | <b>Goal 1:<br/>Exercise oversight on all pharmacy activities</b> | <b>Goal 2:<br/>Ensure the professional qualifications of licensees.</b> | <b>Goal 3:<br/>Advocate legislation and promulgate regulations that advance the Vision and Mission of BOP.</b> | <b>Goal 4:<br/>Provide relevant information to consumers and licensees.</b> | <b>Goal 5:<br/>Achieve the Board's Mission and Goals.</b> |
|---|--|---|--|---|---|
| <b>SWOT</b>                                       |  |   |  |   |   |
| <b>Strengths</b>                                  |  |   |  |   |   |
| 1. Staff  | X  | X   | X  | X   | X   |
| 2. Pharmacy Laws                                  | X  | X   | X  |   |   |
| 3. Leadership                                     | X  | X   | X  |   | X   |
| 4. Public Outreach                                |  |   |  | X   |   |
|   |  |   |  |   |   |
| <b>Weaknesses</b>                                 |  |   |  |   |   |
| 1. Budget Constraints                             | X  | X   | X  | X   | X   |
| 2. Insufficient Staff                             | X  | X   | X  | X   | X   |
| 3. Insufficient Equipment and Outdated Technology | X  | X   |  | X   | X   |
| 4. Staff/Mgmt Communications                      |  |   |  | X   | X   |
|   |  |   |  |   |   |
| <b>Opportunities</b>                              |  |   |  |   |   |
| 1. Website Functionality                          |  | X   |  | X   |   |
| 2. Education                                      |  |   |  | X   |   |
| 3. Technology                                     |  | X   | X  | X   | X   |
| 4. Regulations                                    |  |   | X  |   | X   |
|   |  |   |  |   |   |
| <b>Threats</b>                                    |  |   |  |   |   |
| 1. Special Interests                              |  |   | X  |   |   |
| 2. Alternative Drug Sources                       | X  |   |  |   |   |
| 3. Timely Prosecution                             | X  |   |  |   |   |

# **STRATEGIC ISSUES TO BE ADDRESSED\***

## **1. Cost of medical/pharmaceutical care**

Providing necessary medication for all Californians is a concern; there is an increasing demand for affordable health care services. Also, spiraling medical care and prescription costs may influence people to take short cuts on their drug therapy or to seek medications from nontraditional pharmacy sources. Tiered pricing is a global reality. Due to global communication, patients can access drugs at different prices, worldwide. Patients seek lower cost medications from these sources because patients assume that prescription drugs are of the same quality as they are accustomed to obtaining from their neighborhood pharmacies. However, the cost of drugs drives unscrupulous individuals (such as counterfeiters and diverters) as well as conscientious health care providers to operate in this marketplace, the former endanger public health and confidence in the prescription drugs patients take.

## **2. Aging population**

There are increasingly more senior citizens, and that population is living longer. Many senior citizens who are without the benefit of prescription drug insurance coverage and the ability to purchase medications may be able to benefit from the new prescription drug benefit of Medicare in January 2006. Aging consumers often have decreased cognitive skills, eyesight and mobility. Consequently as the senior population increases so will the volume of prescriptions and the impact on pharmacists and pharmacy personnel to meet the demand.

## **3. Pharmacists' ability to provide care**

The ability of pharmacy to provide optimal care for patients with chronic conditions is being challenged. Drugs are becoming more powerful and it is anticipated that more intervention by pharmacists will be required. The challenge is even greater when consumers fill multiple prescriptions at different pharmacies. The pharmacist shortage, increased consumer demand for prescription drugs, patient compliance in taking medications and polypharmacy are issues which will impact pharmacists' ability to provide care.

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\* Revised in April 2003, 2004 and 2005. Developed in April 2002 following STEP and SWOT analyses by Board of Pharmacy members, staff and stakeholders  
California State  
Board of Pharmacy

#### **4. Changing demographics of California patients**

The diversity of California's population is growing with respect to race, ethnicity and linguistic skills, as is the segment that seeks drugs and products from foreign countries. This requires greater knowledge, understanding and skills from health care practitioners. The increasing diversity of patients is coupled with culturally-based beliefs that undervalue the need for licensed pharmacists and pharmacies, and instead encourage purchase of prescription drugs from nontraditional locations and providers.

There also is widespread belief that there must be a medication solution for every condition or disease state.

#### **5. Laws governing pharmacists**

New laws enhancing the pharmacists' role as a health care provider are needed. The laws must address several key issues including: expansion of the scope of pharmacy practice, the ratio of personnel overseen by pharmacists, delineation of the role of pharmacists relative to selling versus nonselling duties of personnel, and the responsibility for legal and regulatory compliance of the pharmacist-in-charge.

#### **6. Legislative issues for pharmacies**

There are several legislative trends that will impact pharmacies. The federal government has demonstrated an increasing interest in regulating health care to safeguard consumer interests. New legislation and regulation may be created in response to the September 11 disaster. Changes are coming in the prescription drug benefits to Californians and Medicare beneficiaries.

#### **7. Electronic prescribing/automation**

Technology will greatly impact the processing and dispensing of medication. Electronic prescribing and 'channeling' to locations other than a traditional pharmacy may become the business model. Automated pharmacy systems and electronic prescribing will impact pharmacy. New methods of dispensing medications raise additional liability issues.

#### **8. Internet issues**

The availability of prescription drugs over the Internet is on the rise. Multiple and easy access of drugs without pharmacist participation is dangerous. Entities promoting illegal drug distribution schemes have taken advantage of the Internet. Monitoring and protecting the public from

improper drug distribution from these Internet pharmacies is severely impaired with continued resource constraints by both the federal and state agencies with jurisdiction.

## **9. Disaster planning and response**

Pharmacists need to be ready to be positioned to provide emergency care and medication in response to natural disasters and terrorism. This requires specialized knowledge, advance planning and integration of local, state and federal resources that can be quickly mobilized.

Additionally, regulatory adjustments to the September 11 terrorism may affect persons' rights to privacy.

## **10. Qualified staff**

The state's fiscal crisis has affected the board's ability to investigate customer complaints or hire staff. The board lost 20 percent of its staff during the prior four years due to the state's hiring freezes. Loss of these staff has altered the provision of services by the board. Moreover, if wages remain essentially frozen, the retention of current employees could be impacted.



# **California State Board of Pharmacy**

## **STRATEGIC PLAN**

**2003-2006**



### **Members:**

**Stanley Goldenberg, Pharmacist Member, President**

**William Powers, Public Member, Vice President**

**David Fong, Pharmacist Member, Treasurer**

**Marian Balay, Public Member**

**Richard Benson, Public Member**

**Ruth Conroy, Pharmacist Member**

**Clarence Hiura, Pharmacist Member**

**John Jones, Pharmacist Member**

**Kenneth Schell, Pharmacist Member**

**John Tilley, Pharmacist Member**

**Andrea Zinder, Public Member**

Patricia Harris, Executive Officer  
Virginia Herold, Assistant Executive Officer

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April 2005



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## **PRESIDENT'S MESSAGE**

The strategic planning process of the California State Board of Pharmacy is an annual effort of the board members, staff and the public to anticipate and plan for events and issues for the coming year. Although the board considers its current strategic plan when going through the planning exercise, the board also attempts to predict upcoming changes in pharmacy practice, consumer needs and demands and health care trends. After a lengthy discussion of potential and existing issues, the participants go through a process to categorize, consolidate and finally prioritize the issues and then set the goals for the coming year. The resulting strategic plan keeps the board focused on established goals while allowing the flexibility of handling new questions and challenges as they arise.

Each board committee considers its individual strategic plan goals at every meeting and the progress on the goals are reviewed at each of the quarterly full board meetings. The careful planning and continuous monitoring of the strategic plan assures that the board achieves its stated objectives and performs with optimal efficiency.

The pharmacy board publishes advance notice for each strategic planning meeting and encourages participation and contribution by all interested citizens of California who attend. Involvement of the board, its staff and the public results in a strategic plan that truly represents the public interest and serves the consumers of this state.

# **CALIFORNIA STATE BOARD OF PHARMACY**

## **Vision Statement**

Healthy Californians through quality pharmacist's care.

## **Mission Statement**

The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacist's care through education, communication, licensing, legislation, regulation, and enforcement.

## **SHARED VALUES/CORE PRINCIPLES**

The Board of Pharmacy will exhibit:

- Vision
- Integrity
- Flexibility
- Commitment
- Loyalty to its mission
- Relevance to important issues
- Compassion, and
- Open-mindedness

These values will be exhibited when considering all matters before the board affecting the consumers of California and the profession of pharmacy.

## About the California State Board of Pharmacy

The California State Board of Pharmacy (board) was established in 1891 to protect consumers by licensing and regulating those responsible for dispensing medications to the public. Today the board oversees all aspects of the practice of pharmacy in California: the practitioner (the pharmacists), the practice site (the pharmacies), and the product (drugs and devices). Additionally the board regulates drug wholesalers and other practitioners and specialized facilities. With an annual budget of nearly \$8 million and a staff of 50, the board licenses over 90,000 individuals and firms, and enforces 12 complex and varied regulatory programs.

The board has five policy development committees to fulfill its charge. The five committees are: Enforcement, Communication and Public Education, Licensing, Legislation and Regulation, and Organizational Development. Each of these committees corresponds to a mission-related goal.

The board supports an active Web site, [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov), that provides consumer education material, application material for licensing and information for ensuring compliance with California Pharmacy Law. The Web site also provides times and information on board meetings as well as other critical forums vital to pharmacy services where public comments and input are sought and encouraged.

## SCANNING ASSESSMENT

In assessing the critical data that will influence the board's ability to fulfill its vision and mission, the strategic planning team completed several scanning activities in 2002. The two primary scanning activities that were completed included STEP and SWOT analyses. Board members, all staff and key stakeholders participated in completing a survey questionnaire that was submitted to the strategic planning team for synthesis and analysis.

A "STEP" analysis is an acronym for Socio-Cultural, Technologic, Economic, and Political-Legal issues that will impact the board over the next 3-5 years. All responses were aggregated for generalizations. All issues were further reviewed and prioritized at a board meeting held in April 2002. These issues are presented in **"Strategic Issues to be Addressed."**

Several times since 2002, the board has updated the strategic issues to keep them current.

A "SWOT" analysis is an acronym for Strengths, Weaknesses, Opportunities, and Threats. The SWOT data were collected during the survey activity in April 2002 as part of the scanning assessment. Similar to the STEP analysis, the SWOT data were aggregated for generalizations. The final SWOT analysis was completed by the board and is contained in the **"Internal/External Assessment"** section.

The STEP and SWOT analyses were reviewed in April 2003 as part of the annual strategic plan update.

## METHODOLOGY

In developing its strategic plan, the board relied upon the full participation of its entire staff, its board members and its stakeholders. After each group performed the SWOT and STEP analyses described above, the board identified the strategic issues to be addressed during the April 2002 Meeting. Additionally, the board developed a new mission and vision statements, shared values, and refocused the objectives of its committees into an outcome-oriented strategic plan, with refined objectives and tasks.

At the April 2003 Board Meeting, as part of the annual strategic plan update, the board prioritized board objectives for each committee and goal area, and modified the plan's objectives and tasks. These modifications followed comments from board staff and the public obtained during committee meetings in early 2003.

The plan was again reviewed and updated during the April 2004 and April 2005 Board Meetings. Thus, at least four iterations by board staff, board members and stakeholders have gone into producing this strategic plan. The participation of each group has provided important information necessary for a dynamic strategic plan, capable of guiding the board in fulfilling its mission for several years.

# **STRATEGIC ISSUES TO BE ADDRESSED\***

## **1. Cost of medical/pharmaceutical care**

Providing necessary medication for all Californians is a concern; there is an increasing demand for affordable health care services. Also, spiraling medical care and prescription costs may influence people to take short cuts on their drug therapy or to seek medications from nontraditional pharmacy sources. Tiered pricing is a global reality. Due to global communication, patients can access drugs at different prices, worldwide. Patients seek lower cost medications from these sources because patients assume that prescription drugs are of the same quality as they are accustomed to obtaining from their neighborhood pharmacies. However, the cost of drugs drives unscrupulous individuals (such as counterfeiters and diverters) as well as conscientious health care providers to operate in this marketplace, the former endanger public health and confidence in the prescription drugs patients take.

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California State Board of Pharmacy



#### **4. Changing demographics of California patients**

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The state's fiscal crisis has affected the board's ability to investigate customer complaints or hire staff. The board lost 20 percent of its staff during the prior four years due to the state's hiring freezes. Loss of these staff has altered the provision of services by the board. Moreover, if wages remain essentially frozen, the retention of current employees could be impacted.

## INTERNAL/EXTERNAL ASSESSMENT

The critical data stemming from the SWOT analysis is reflected below. The information represents a deliberative process of multiple iterations conducted with the board members, staff and stakeholders.

| Strengths  | Weaknesses   |
|--|--|
| <p>1. Staff/Inspectors: Staff's teamwork, dedication, diversity, and knowledge. Pharmacist inspectors provide necessary, specialized knowledge.</p> <p>2. Leadership: Support and communication provided by management, diversity and experience of board members.</p> | <p>1. Resources: Budget constraints and insufficient resources to meet mandated duties at desired levels</p> <p>2. Staffing Shortages: Insufficient staff to perform, manage, and review consumer protection activities of licensing, enforcement, and education programs.</p> |

| Opportunities  | Threats   |
|--|---|
| <p>1. Pharmacist's Role: Pharmacy profession has large potential role in healthcare delivery. Pharmacists have opportunities in roles associated with patient care and not exclusively dispensing.</p> <p>2. Technology/Automation: Promoting legislation and regulations to foster the use of technological advances by pharmacies, attainment of operational efficiencies, decreased administrative burdens, and enhanced patient care services.</p> <p>3. Consumer Safety/Privacy: Promoting a nonpunitive learning environment approach to improving pharmacy patient safety. Continuing emphasis on patient safety by involving the pharmacist in patient care.</p> <p>4. Public education: Increasingly informed consumers means the profession must be able to deliver public education on drug use safety and healthcare issues.</p> | <p>1. Board of Pharmacy staffing is insufficient to perform mandated duties at desired levels.</p> <p>2. Board funding: Lack of funding for new programs; lack of fiscal control of board over much of its budget; budget constraints and deficits; hiring freeze.</p> <p>3. Cost of pharmaceuticals: Impacts of the increasing costs of pharmaceuticals cannot be managed or controlled by the consumer or the board.</p> <p>4. Pharmacy personnel shortage: Lack of licensees impedes the ability of patients to receive quality pharmacist's care.</p> |

## **SUMMARY OF GOALS**

### **Goal One**

Exercise oversight on all pharmacy activities.

### **Goal Two**

Ensure the professional qualifications of licensees.

### **Goal Three**

Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

### **Goal Four**

Provide relevant information to consumers and licensees.

### **Goal Five**

Achieve the board's mission and goals.

# Goals, Outcomes, Objectives, and Measures

## Enforcement Committee

**Goal 1:** Exercise oversight on all pharmacy activities.

**Outcome:** Improve consumer protection.

|                       |  |
|-----------------------|--|
| <b>Objective 1.1:</b> | <b>To achieve 100 percent closure or referral on all cases within 6 months by June 30, 2005:</b>   |
| <b>Measure:</b>       | <b>Percentage of cases closed or referred within 6 months</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Mediate all consumer complaints within 90 days.</li> <li>2. Investigate all other cases within 120 days.</li> <li>3. Close (e.g. issue citation and fine, refer to the AG's Office) all board investigations and mediations within 180 days.</li> <li>4. Seek legislation to grant authority to the executive officer to issue a 30-day Cease and Decease Order to any board-licensed facility when the operations of the facility poses an immediate threat to the public.</li> <li>5. Integrate data obtained from computerized reports into drug diversion prevention programs and investigations (CURES, 1782 reports, DEA 106 loss reports).</li> <li>6. Re-establish the CURES workgroup that includes other regulatory and law enforcement agencies to identify potential controlled substance violations and coordinate investigations.</li> <li>7. Secure sufficient staffing for a complaint mediation team and to support an 800 number for the public.</li> <li>8. Improve public service of the Consumer Inquiry and Complaint Unit.</li> <li>9. Automate processes to ensure better operations and integrate technology into the board's investigative and inspection activities.</li> </ol> |

|                       |  |
|-----------------------|--|
| <b>Objective 1.2:</b> | <b>To achieve 100 percent closure on all administrative cases within one year by June 30, 2005.</b>  |
| <b>Measure:</b>       | <b>Percentage closure on administrative cases within 1 year</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Pursue permanent funding to increase Attorney General expenditures for the prosecution of board administrative cases.</li> <li>2. Aggressively manage cases, draft accusations and stipulations and monitor AG billings and case costs.</li> <li>3. Establish a disciplinary cause of action for fraud convictions similar to current cash compromise provisions related to controlled substances.</li> <li>4. Automate processes to ensure better operations and integrate technology into the board's investigative and inspection activities.</li> <li>5. Review and update disciplinary guidelines.</li> </ol> |

|                       |   |
|-----------------------|---|
| <b>Objective 1.3:</b> | <b>Inspect 100 percent of all licensed facilities once every 3 years by June 30, 2004.</b>  |
| <b>Measure:</b>       | <b>Percentage of licensed facilities inspected once every 3 years</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Automate processes to ensure better operations and integrate technology into the board's investigative and inspection activities.</li> <li>2. Inspect licensed premises to educate licensees proactively about legal requirements and practice standards to prevent serious violations that could harm the public.</li> <li>3. Seek legislation to mandate that periodic inspections be done of all board-licensed facilities.</li> </ol> |

|                       |  |
|-----------------------|--|
| <b>Objective 1.4:</b> | <b>Develop 4 communication venues in addition to the inspection program to educate board licensees by June 30, 2005.</b>   |
| <b>Measure:</b>       | <b>Number of communication venues (excluding inspection program)</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Develop the board's website as the primary board-to-licensure source of information.</li> <li>2. Prepare two annual <i>The Scripts</i> to advise licensee of pharmacy law and interpretations.</li> <li>3. Update pharmacy self-assessment annually.</li> <li>4. Develop board-sponsored continuing education programs for pharmacists in the area of pharmacy law and the expectations of the pharmacist-in-charge and coordinate presentations at local and annual professional association meetings throughout California.</li> </ol> |

|                       |   |
|-----------------------|---|
| <b>Objective 1.5:</b> | <b>To monitor alternative enforcement programs for 100 percent compliance with program requirements by June 30, 2005.</b>   |
| <b>Measure:</b>       | <b>Percentage compliance with program requirements</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Administer effective alternative enforcement programs to ensure public protection (Pharmacists Recovery Program, probation monitoring program, citation and fine program).</li> <li>2. Automate processes to ensure better operations and integrate technology into the board's investigative and inspection activities.</li> </ol> |

|                       |   |
|-----------------------|---|
| <b>Objective 1.6:</b> | <b>Respond to 95 percent of all public information requests within 10 days by June 30, 2005.</b>  |
| <b>Measure:</b>       | <b>Percentage response to public information requests within 10 days</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Activate public inquiry screens to expand public information. Establish web look-up for disciplinary and administrative (citation) actions.</li> <li>2. Establish on-line address of record information on all board licensees.</li> <li>3. Respond to specialized information requests from other agencies about board programs, licensees (e.g. subpoenas) and Public Record Act requests.</li> </ol> |

|                       |  |
|-----------------------|--|
| <b>Objective 1.7:</b> | <b>Initiate policy review of 25 emerging enforcement issues by June 30, 2005</b>   |
| <b>Measure:</b>       | <b>The number of issues</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Reimportation.</li> <li>2. Modification to the Quality Assurance Regulation Regarding Patient Notification.</li> <li>3. Proposals Regarding Wholesale Transactions.</li> <li>4. Clarification Regarding Prescription Records by Authorized Officers of the Law.</li> <li>5. Review of Pharmacy Law Regarding the Delivery of Medications After the Pharmacy is Closed and a Pharmacist in not Present.</li> <li>6. Off-Site Order Entry of Hospital Medication Orders (Bus. &amp; Prof. Code Section 4071.1).</li> <li>7. Prescriber Dispensing.</li> <li>8. Implementation of federal HIPAA Requirements.</li> <li>9. Prohibition of Pharmacy-Related Signage.</li> <li>10. Implementation of Enforcement Provisions from SB 361 (Sunset Review items).</li> <li>11. Implementation of SB 151 (Elimination of the Triplicate).</li> <li>12. Dispensing Non-Dangerous Drugs/Devices Pursuant to a Prescriber's Order for Medi-Cal Reimbursement.</li> <li>13. Authorized Activities in a Pharmacy.</li> <li>14. Review of Quality Assurance Program.</li> <li>15. Limited Distribution and Shortage of Medications.</li> <li>16. Conversion of Paper Invoices to Electronic Billing.</li> <li>17. Automated Dispensing.</li> </ol> |



## Licensing Committee

|                 |   |
|-----------------|---|
| <b>Goal 2:</b>  | <b>Ensure the professional qualifications of licensees.</b> |
| <b>Outcome:</b> | <b>Qualified licensees</b>                                  |

|                       |   |
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| <b>Objective 2.1:</b> | <b>Issue licenses within three working days of a completed application by June 30, 2006.</b>  |
| <b>Measures:</b>      | <b>Percentage of licenses issued within 3 work days</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Review 100 percent of all applications within 7 workdays of receipt.</li> <li>2. Process 100 percent of all deficiency documents within 3 workdays of receipt.</li> <li>3. Make a licensing decision within 3 workdays after all deficiencies are corrected.</li> <li>4. Issue professional and occupational licenses to those individuals and firms that meet minimum requirements. <ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Intern pharmacists</li> <li>• Pharmacy technicians</li> <li>• Foreign educated pharmacists (evaluations)</li> <li>• Pharmacies</li> <li>• Non-resident pharmacies</li> <li>• Wholesaler drug facilities</li> <li>• Veterinary food animal drug retailers</li> <li>• Exemptees (the non-pharmacists who may operate sites other than pharmacies)</li> <li>• Out-of-state distributors</li> <li>• Clinics</li> <li>• Hypodermic needle and syringe distributors</li> </ul> </li> <li>5. Deny licenses to applicants not meeting board requirements.</li> </ol> |

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| <b>Objective 2.2:</b> | <b>Implement at least 50 changes to improve licensing decisions by June 30, 2006.</b>   |
| <b>Measure:</b>       | <b>Number of implemented changes</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Review Pharmacist Intern Program.</li> <li>2. Implement changes to the Pharmacy Technician Program. <ol style="list-style-type: none"> <li>a. Use PTCB as a qualifying method for registration.</li> <li>b. Eliminate clerk-typist from pharmacist supervisory ratio.</li> <li>c. Change education qualifications from A.A. degree in health science to A.A. degree in Pharmacy Technology.</li> </ol> </li> <li>3. Administer a pharmacist licensure exam more than twice a year.</li> <li>4. Assist applicants in preparing to take the California pharmacist licensure examination by developing (or fostering the development of) educational programs and information on how to prepare for the pharmacist exam and by requesting that outside agencies (schools of pharmacy and private educational organizations) develop exam workshops that prepare applicants for the California Pharmacist Exam.</li> <li>5. Develop statutory language to give the Board of Pharmacy the authority to grant waivers for innovative, technological and other practices to enhance the practice of pharmacy and patient care that would have oversight by an independent reviewing body during the study.</li> <li>6. Continuously review and develop written exams to ensure they fairly and effectively test the knowledge, skills and abilities of importance to the practice of pharmacy in California.</li> <li>7. Implement the sterile compounding pharmacy licensing requirements by July 1, 2003.</li> <li>8. Issue temporary permits whenever change of ownership occurs.</li> <li>9. Establish means for licensee to renew permits on line.</li> </ol> |

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| <b>Objective 2.3:</b> | <b>Evaluate five emerging public policy initiatives affecting pharmacists' care or public safety by June 30, 2006.</b>  |
| <b>Measure:</b>       | <b>Number of public policy initiatives evaluated</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Explore the need to regulate pharmacy benefit managers.</li> <li>2. Explore the need to regulate drugs labeled for "veterinary use only."</li> <li>3. Explore the importation of drugs from foreign countries.</li> <li>4. Develop language and pursue a regulation change to allow the central fill of medication orders for inpatient hospital pharmacies.</li> </ol> |

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| <b>Objective 2.4:</b> | <b>Cashier 100 percent of all application and renewal fees within two working days of receipt by June 30, 2006.</b>   |
| <b>Measure:</b>       | <b>Percentage of cashiered application and renewal fees within 2 working days</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Cashier application fees.</li> <li>2. Cashier renewal fees</li> <li>3. Secure online renewal of licenses</li> </ol> |

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| <b>Objective 2.5:</b> | <b>Respond to 95 percent of all requests for verification of licensing information within 5 working days by June 30, 2006.</b> |
| <b>Measure:</b>       | <b>Percentage response for verifying licensing information within 5 working days</b>   |
| <b>Tasks:</b>         | 1. Respond to requests for licensing verification  |

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| <b>Objective 2.6:</b> | <b>Update 100 percent of all information changes to licensing records within 5 working days by June 30, 2006.</b>   |
| <b>Measure:</b>       | <b>Percentage of licensing records changes within 5 working days</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Make address and name changes.</li> <li>2. Process discontinuance of businesses forms and related components.</li> <li>3. Process changes in pharmacist-in-charge and exemptee-in-charge.</li> <li>4. Process off-site storage applications.</li> </ol> |

## **Legislation and Regulation Committee**

**Goal 3:** Advocate legislation and promulgate regulations that advance the vision and mission of the Board of Pharmacy.

**Outcome:** Improve the health and safety of Californians.

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| <b>Objective 3.1:</b> | Annually identify and respond with legislative changes to keep pharmacy laws current and consistent with the board's mission.  |
| <b>Measure:</b>       | 100 percent successful enactment of promoted legislative changes   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"><li>1. Secure extension of board's sunset date.</li><li>2. Sponsor legislation to strengthen and update licensing requirements for pharmacy technicians.</li><li>3. Sponsor legislation to add enforcement options for non-compliance issues.</li><li>4. Sponsor legislation to update pharmacy law to standardize terminology regarding cancellation of licenses, waiving pharmacy law requirements during declared emergencies.</li><li>5. Advocate the board's role and its positions regarding pharmacists' care and dispensing of dangerous drugs and devices.</li><li>6. Sponsor clean-up language to B &amp; P Code section 4312.</li><li>7. Sponsor public meetings 4 times a year to solicit comments on areas needing legislative changes.</li></ol> |

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| <b>Objective 3.2:</b> | <b>Annually identify and respond with regulatory changes to keep pharmacy regulations current and consistent with the board's mission.</b>   |
| <b>Measure:</b>       | <b>Percentage successful enactment of promoted regulatory changes</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Strengthen standards for compounding sterile injectable drug products.</li> <li>2. Authorize the executive officer the authority to issue citations and fines.</li> <li>3. Eliminate the clerk typist ratio.</li> <li>4. Allow pharmacists to be pharmacist-in-charge of two locations simultaneously.</li> <li>5. Update pharmacy Self-Assessment document.</li> <li>6. Allow central filling by hospital pharmacies.</li> <li>7. Revise regulations concerning electronic prescribing to conform to AB 2245, and require that the pharmacist confirm the authenticity of any electronic prescription in which there is an uncertainty or ambiguity.</li> </ol> |

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| <b>Objective 3.3:</b> | <b>Review 5 areas of pharmacy law for relevancy, currency and value for consumer protection by June 30, 2006.</b>   |
| <b>Measure:</b>       | <b>Number of areas of pharmacy law reviewed</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Evaluate electronic prescribing laws involving controlled substances.</li> <li>2. Evaluate the prescribing and dispensing of veterinary drugs.</li> <li>3. Evaluate group dispensing by prescribers.</li> </ol> |

## **Communication and Public Education Committee**

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| <b>Goal: 4:</b> | <b>Provide relevant information to consumers and licensees.</b> |
| <b>Outcome:</b> | <b>Improved consumer awareness and licensee knowledge.</b>      |

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| <b>Objective 4.1:</b> | <b>Develop 10 communication venues to the public by June 30, 2006.</b>   |
| <b>Measure:</b>       | <b>Number of communication venues developed to the public</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"><li>1. Convert <i>Health Notes</i> articles into consumer columns or fact sheets for wide-dissemination to the public.</li><li>2. Develop and update public education materials.</li><li>3. Maintain a vigorous, informative Web site.</li><li>4. Sponsor "Hot Topics" seminars to the public.</li></ol> |

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| <b>Objective 4.2:</b> | <b>Develop 10 communication venues to licensees by June 30, 2006.</b>  |
| <b>Measure:</b>       | <b>Number of communication venues developed to licensees</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"><li>1. Publish <i>The Script</i> two times annually.</li><li>2. Publish one <i>Health Notes</i> annually.</li><li>3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.</li><li>4. Maintain important and timely licensee information on Web site.</li></ol> |

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| <b>Objective 4.3:</b> | <b>Participate in 20 forums, conferences and public education events by June 30, 2006.</b> |
| <b>Measure:</b>       | <b>Number of forums participated</b>   |
| <b>Tasks:</b>         | 1. Participate in forums, conferences and educational fairs.                               |

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| <b>Objective 4.4:</b> | <b>Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.</b>   |
| <b>Measure:</b>       | <b>Percentage response to information requests from governmental agencies</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. By June 1, 2004, submit report to Legislature on statutory requirements for remedial education after four failed attempts on the California pharmacist exam.</li> <li>2. Provide information to legislators regarding board implementation of statutory requirements.</li> <li>3. Provide agency statistical data information to the department.</li> </ol> |

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| <b>Objective 4.5</b> | <b>Respond to 100 percent of public information requests regarding board programs and activities.</b> |
| <b>Measure:</b>      | <b>Percentage response to information requests from the public</b>                                    |
| <b>Tasks:</b>        | 1. Respond to public information requests.  |

## **Organizational Development Committee**

**Goal 5:**        **Achieve the board's mission and goals.**

**Outcome:**    **An effective organization**

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| <b>Objective 5.1:</b> | <b>Obtain 100 percent approval for identified program needs by June 30, 2006.</b>  |
| <b>Measure:</b>       | <b>Percentage approved for identified program needs</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"><li>1. Review workload and resources to streamline operations, target backlogs and maximize services.</li><li>2. Develop budget change proposals to secure funding for needed resources.</li><li>3. Perform strategic management of the board through all committees and board activities.</li><li>4. Manage the board's financial resources to ensure fiscal viability and program integrity.</li></ol> |

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| <b>Objective 5.2:</b> | <b>Maintain 100 percent staffing of all board positions.</b>  |
| <b>Measure:</b>       | <b>Percentage staffing of board positions</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"><li>1. Continue active recruitment of pharmacists for inspector positions.</li><li>2. Vigorously recruit for any vacant positions.</li><li>3. Perform annual performance and training assessments of all staff.</li></ol> |



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| <b>Objective 5.3:</b> | <b>Implement 10 strategic initiatives to automate board processes by June 30, 2006.</b>  |
| <b>Measure:</b>       | <b>Number of strategic initiatives implemented to automate board processes</b>   |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Perform a feasibility study to establish the board's own computer system to track licensees and enforcement activities.</li> <li>2. Continue to work with the Department on the development and implementation of Professional Licensing and Enforcement Management System (PLEMS).</li> </ol> |

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| <b>Objective 5.4:</b> | <b>Provide for communication venues to communicate within the board by June 30, 2006.</b>  |
| <b>Measure:</b>       | <b>Number of communication venues to communicate within the board</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Continue the Communication Team to improve communication among staff and host quarterly staff meetings.</li> <li>2. Continue Enforcement Team meetings with board members and enforcement staff.</li> <li>3. Convene inspector meetings to develop standardized investigation and inspection processes and earn continuing education.</li> </ol> |

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| <b>Objective 5.5:</b> | <b>Annually conduct at least 2 outreach programs where public policy issues on health care are being discussed.</b> |
| <b>Measure:</b>       | <b>Number of outreach programs conducted in one year</b>  |
| <b>Tasks:</b>         | <ol style="list-style-type: none"> <li>1. Attend outreach programs.</li> </ol>                                      |